

# Need IT Moved? LLC

821 S. Otter Rd  
Columbia, SC 29205

## Uniform Household Goods Bill of Lading

Customer: This bill of lading establishes a contract between you and the household goods carrier. It confirms instructions and authorizes the carrier to move, pack, store, and/or perform services shown. Before you sign this document it is important that you first read the document, including the back, and that you ask for an explanation of anything that is not clear or is different from any previous information received from the carrier or carrier's representatives. This contract is subject to conditions on the back of this form.

Origin Address		Destination Address	
Customer			
Phone	Cell	Name of Consignee (if different)	
Email		Phone	
Additional Stops		Other	
Billing Address		Any Discounts that may apply	

Hourly Rated Moves										
Date		Personnel	Start	Arrive	Breaks	Depart	End	Total Hrs.	Rate	Charges

### Additional Services & Charges:

Travel Fees: \_\_\_\_\_ Trans. Type (car or trailer): \_\_\_\_\_

Expected Miles Driven: \_\_\_\_\_ Rate: \_\_\_\_\_

### Furniture Delivery:

Stairs or elevator: \_\_\_\_\_ Large, oversize, or heavy (per item): \_\_\_\_\_

Bulky Items: \_\_\_\_\_ Item type: \_\_\_\_\_ Charge: \_\_\_\_\_

### Misc Cost:

Food Cost: \_\_\_\_\_ Parking, Taxi, Tolls: \_\_\_\_\_

Special Servicing: \_\_\_\_\_ Other: \_\_\_\_\_

### Packing Materials:

# of units \_\_\_\_\_ Box size \_\_\_\_\_ at \_\_\_\_\_ per unit \_\_\_\_\_

# of units \_\_\_\_\_ Box size \_\_\_\_\_ at \_\_\_\_\_ per unit \_\_\_\_\_

# of units \_\_\_\_\_ Box size \_\_\_\_\_ at \_\_\_\_\_ per unit \_\_\_\_\_

# of units \_\_\_\_\_ Box size \_\_\_\_\_ at \_\_\_\_\_ per unit \_\_\_\_\_

# of units \_\_\_\_\_ Box size \_\_\_\_\_ at \_\_\_\_\_ per unit \_\_\_\_\_

Total Packing Charges: \_\_\_\_\_ Total Charges: \_\_\_\_\_

### LOSS AND DAMAGE PROTECTION(Valuation):

Basic Value Protection I release this shipment to a value of 60 cents per pound per article, at no cost to me. This means I will be paid 60 cents per pound for the net weight of the lost or damaged item, regardless of the actual value of the item.

### Transportation Charges:

Trans. Type (truck or trailer): \_\_\_\_\_

Truck Size \_\_\_\_\_

Expected Miles Driven: \_\_\_\_\_

Rates: \_\_\_\_\_

### Total Moving Charges:

Hourly Rate: \_\_\_\_\_

Transportation Charges: \_\_\_\_\_

Additional Service Charges: \_\_\_\_\_

Packing Materials: \_\_\_\_\_

Total Moving Charges: \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_

Balance \_\_\_\_\_ Due: \_\_\_\_\_

Customer acknowledges carrier delivered goods:

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Customer Release: I have read and understand this contract, and release my household goods to the carrier subject to the terms and conditions of this contract.

Signature of Customer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Carrier Representative \_\_\_\_\_ Date \_\_\_\_\_